

ADVERSE ACTIONS REPORT FORM (Attachment 2)

Reporting State: _____

Facility Name: _____

Facility Address: _____

MQSA Facility ID #: _____

Current Status of Facility: Performing mammography _____ Not performing mammography _____

PART I:

Record any Adverse Actions applying to the facility and return form (see below for address) ("Reason for action" codes are shown below).

If no Adverse Actions were taken during reporting period, mark a "X" on line and return form (see below for address) _____

If your State currently does not have authority to impose Adverse Actions, please mark and "X" on the line and return form (see below for address) _____

Adverse Action	Date of action (mm/dd/yy)	Reason for action (see below for codes)	Describe corrective action	Date of corrective action/ reinstatement (mm/dd/yy)	Was patient notification conducted? (Y/N)	Was notification voluntary or under State law? (V/SL)	Other remarks: (for more space, attach additional pages)
Facility license suspension (temporary or permanent)							
Facility license revocation							
Restrictions or similar sanctions							
Fines/penalties (civil or administrative)							
Remedial or corrective action plan(s) required by State authorities							
Prosecution and conviction under State laws (specify: fraud, abuse, false billings, or kickbacks)							
Other State action (please specify)							

"Reason for Action" Codes

Please return this form(s)* to:

PART II: Patient Notification:

Has your State instituted a patient notification rule
in case of poor quality mammography? (Y/N) _____

State contact regarding patient notification:

Name: _____

Address: _____

Phone: _____

1 - Equipment Certification or
Equipment Registration

2 - Equipment Testing,
Phantom

3 - Equipment Testing,
Radiation Dose

4 - Lack of MQSA
Certification

5 - Lack of State Certification

6 - Medical Audit Program

7 - Medical Records and
Reporting

8 - Personnel Qualifications

9 - Quality Control Program

10 - Other
(Please specify in box)

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* Additional copies of this form may be
made and used if necessary.

